

238454 11555

DR 8454 (09/28/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov
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## **State of Colorado Income Tax Declaration** for Online Electronic Filing

Do not mail this form to the IRS or the Colorado					/ear (MM/DD/YY) or Fiscal Year beginning (MM/DI				//DD/YY)			
Depart	tment of Revenue. <b>Ret</b>	ain with your re	cords.	12/31/	23							
Тах Тур	ре											
X	Individual Income (DR 0104)	Corporate In (DR 0112)	come		nersh 0106	nip/S-Corp Ir 5)	ncome	Э		Fiduc (DR 0		Income
Taxpay	er Last Name or Business Nam	ne	First Na	me or Busine	ess DE	BA if different fr	rom Bu	siness N	lame	9		Middle Initial
YERN	ENI		VINA	YA SRI								
Spouse	e's Last Name (if applicable)		First Na	me								Middle Initial
Taxpaye	er SSN or ITIN		Spouse	SSN or ITIN (	(if appl	licable)			FE	EIN		
808-	28-7040											
Тахрау	er or Business Address				City					State	ZIP	
1029	5 TALIESIN DRIVE	APT 107			ENG	GLEWOOD				CO	80	112
		Part	I — Tax	Return Ir	nform	nation						
<b>1.</b> Tota	al Income from your fede						1	\$				86923
	able Income (or allowable more information)	e deduction) from	your fe	deral retur	n (se	e instruction	ns <b>2</b>	\$				73073
	orado Tax from your Cold						3	\$				3215
	orado Tax Withheld or Panore information)				`			\$				3587
11	and the state of t			laration o			· D. I	1 . 1		20. 0		T
Federal/C I understa	nalties of perjury, I declare that the colorado income tax returns, and the and that I (or my Electronic Return s, and attachments upon request by	at said tax returns, statem Originator (ERO) if appli	nents, sched icable) may	dules and attac be required to	hments provid	s are true, correct le paper copies d	t, and co of this d	omplete to eclaration,	the b	pest of my returns, v	y know withhol	ledge and belief ding statements
Signatu		The Golorado Beparane	int of rever	ide at any time	duning	the period cover		(MM/DD/		itate or iii	mation	13.
Spouse	's Signature (If Joint Return, B	oth Must Sign)					Date	(MM/DD/	YY)			
		Part III — Dec	laration	of ERO/P	repa	rer/Transm	itter					
	If the transmitter did not	prepare the tax re	eturn, ch	neck here								
the prepartaxpayer correct, a have provof limitation	of the preparer, I declare only that the preparer, I declare only that the tirer, under penalties of perjury I declared the amounts shown in Part I about and complete to the best of my knowided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	lare that I have reviewed ove agree with the amour wledge and belief. As pre Il forms and information fi	the above to the shown of the parer, I furto tiled. I also a	axpayer's Fede on said tax retuing ther declare that agree to mainta	eral/Col rns, and at I have ain this	orado income tax d that said tax ret e obtained the ta signed Form (DF	k returns urns, sta xpayer's R 8454)	and that the atements, so signature for the pe	the in sched on the riod of	nformation dules, and this form covered l	n provi d attac at the by the	ded to me by the chments are true time of filing and Colorado statute
ERO's	Signature					Preparer Ider	ntification	on Numb	er, Y	our SSI	N, or I	TIN
SYAM	PRIYA RAM SAGAR G	UPTA				P0208270	)3					
	01 1 1 7			Date (MM/DD/YY)								
Check if also Preparer X						03/18/24						





DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
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(0013)

### 2023 Colorado Individual Income Tax Return

	r or Nonresident (or res dent combination) *M			0104	PN		ark if <i>i</i> ee inst		ad on due o	date –	
Your Last Name			irst Nam							Mide	dle Initial
YERNENI			VINAYA SRI								
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Decea	ased								
04/05/1996	808-28-7040			tl	he DF	R 0102 aı	nd dea	ath ce	refund, you ertificate wit	th your	
Enter the following information from your current driver license or state identification card.			State of Issue Last 4 characters of ID n			of ID nu	ımber	Date of Issu	ance		
					8035			03/15/24			
If Joint, Spouse's Last Name		Spous	e's First	Name						Midd	dle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Decea	ased								
				tl	he DF	R 0102 aı	nd dea	ath ce	refund, you ertificate wit	h your	
Enter the following information	n from vour spouse's	State	of Issue	L	ast 4 c	characters	of ID nu	ımber	Date of Issu	ance	
current driver license or state	identification card.							•			
Mailing Address								Pho	ne Number		
10295 TALIESIN DRIVE	APT 107							(98	80)777-9	239	
City			State	ZIP (	Code		Fo	reign (	Country (if ap	plicable)	
ENGLEWOOD			CO	803	112						
To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:											
You are a Colorado resident and at least one person in your household does not have health coverage     AND											
You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing.											
								Ro	ound To The	Neares	t Dollar
1. Enter Federal Taxable Income from your federal income tax form:											
1040, 1040 SR, or 1040 SP											
Include W-28 and 10998 with C	Additions	to Fodo	ral Tay	ablo	Incor	<del></del>					
2. State and Local Income ta:							)				
Schedule A. (see instruction		ando ola			J. G. 10	•	. 1				0 0
3 Qualified Business Income	,	(see inst	ruction	e)			3				0.0



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Name	SSN or ITIN	
VINAYA SRI YERNENI	808-28-7040	
4. Federal Deduction addback (see instructions) • 4		0 0
5. Nonqualified CollegeInvest Tuition Savings Account distributions		
(see instructions) • 5		0 0
6. Nonqualified Colorado ABLE Account distributions (see instructions)      6		0.0
7. Other Additions, explain (see instructions) • 7		0 0
Explain:		
8. Subtotal, sum of lines 1 through 7	73073	0 0
Colorado Subtractions		0 0
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the		
DR 0104AD schedule with your return.   • 9		0.0
10. Colorado Taxable Income, subtract line 9 from line 8 • 10	73073	0.0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year	DR 0104PN Schedule	0 0
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the	3215	
DR 0104PN with your return if applicable. • 11	3213	0 0
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		0.0
DR 0104AMT with your return. • 12		0 0
13. Recapture of prior year credits • 13		00
	3215	
<b>14.</b> Subtotal, sum of lines 11 through 13 <b>14.</b> Subtotal, sum of lines 11 through 13 <b>15.</b> Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and 17		00
cannot exceed line 14, you must submit the DR 0104CR with your return. • 15		0 0
<b>16.</b> Total Nonrefundable Enterprise Zone credits used – as calculated, or from the		00
DR 1366 line 85, the sum of lines 15, 16, and 17 cannot exceed line 14, you must		
submit the DR 1366 with your return. • 16		0.0
<b>17.</b> Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 cannot		
exceed line 14, you must submit the DR 1330 with your return. • 17		0.0
<b>18.</b> Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	3215	0.0
<ul><li>18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.</li><li>19. Use Tax reported on the DR 0104US schedule line 7, you must submit the</li></ul>		00
DR 0104US with your return.		0.0
	3215	
20. Net Colorado Tax, sum of lines 18 and 19	3215	0.0
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or	3587	2.0
1099s claiming Colorado withholding with your return. • 21		0.0
22. Prior-year Estimated Tax Carryforward • 22		0.0
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for		
this tax year • 23		0 0
O4 Futencies Decreased constituted with the DD 0450 I		0.0
24. Extension Payment remitted with the DR 0158-I • 24		0 0



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VINAYA SRI YERNENI									
	808-28-7040								
<b>25.</b> Other Prepayments:	0 0								
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit	0 0								
the DR 1305G with your return. • 26  27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must	0								
submit each DR 0617 with your return. • 27	00								
<b>28.</b> Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return. • 28	0 0								
Will your rotain.	25.97								
29. Subtotal, sum of lines 21 through 28	3387 00								
Modified AGI for TABOR  Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect	Modified AGI for TABOR Lines 20 through 22 are only used to calculate your TABOR Credit, they do not affect your Calcrede toy liability.								
<b>30.</b> Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR,	86923 86923								
or 1040 SP • <b>30</b>	00								
24. Neptayable Casial Casurity Income	0 0								
31. Nontaxable Social Security Income   • 31	00								
<b>32.</b> Nontaxable interest income from state and local bonds • <b>32</b>	0 0								
<b>33.</b> Sum of lines 30 through 32: Modified AGI for TABOR <b>33</b>	86923								
This space is reserved for future use.									
<b>34.</b> State Sales Tax Refund: For full-year Colorado residents, born before 2005, or full-year Colorado residents who are under the age of eighteen but are required	000								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying	800								
full-year Colorado residents who are under the age of eighteen but are required	800								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying									
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  • 34  35. Sum of lines 29 and 34	00								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  • 34  35. Sum of lines 29 and 34  36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	00 4387 00 1172 00								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  • 34  35. Sum of lines 29 and 34	4387 00								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  • 34  35. Sum of lines 29 and 34  36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	1172 00 00 00								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  35. Sum of lines 29 and 34  35. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35  36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35  37. Estimated Tax Credit Carryforward to 2024 first quarter, if any.  37. If you have an overpayment on line 38 below and would like to donate all or a portion of your contents.	1172 00 00 00								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  34  35. Sum of lines 29 and 34  36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35  37. Estimated Tax Credit Carryforward to 2024 first quarter, if any.  37  If you have an overpayment on line 38 below and would like to donate all or a portion of you Colorado charity, include Form DR 0104CH to contribute.  38. Refund, subtract line 37 from line 36 (see instructions)  38	00 4387 00 1172 00 00 cour overpayment to a qualified								
full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension.  34  35. Sum of lines 29 and 34  36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35  37. Estimated Tax Credit Carryforward to 2024 first quarter, if any.  37  If you have an overpayment on line 38 below and would like to donate all or a portion of you Colorado charity, include Form DR 0104CH to contribute.  38. Refund, subtract line 37 from line 36 (see instructions)  38	0 0 4387 0 0 1172 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								



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Name			SSN or ITIN				
VINAYA SRI YERNENI			808-28-7040				
<b>39.</b> Net Tax Due, subtract line 35 from line 20		39	0 0				
40. Delinquent Payment Penalty (see instructions	•	40	0 0				
41. Delinquent Payment Interest (see instructions	)	41	0 0				
42. Estimated Tax Penalty, you must submit the D	OR 0204 with your return						
(see instructions)	•	42	0 0				
43. Amount You Owe, sum of lines 39 through 42	•	43					
The State may convert your check to a one-time electronic baby the State. If converted, your check will not be returned. If y Revenue may collect the payment amount directly from your	our check is rejected due to insufficient or ur						
	Third Party Designee						
Do you want to allow another person to discuss this return and any related information with the Colorado • X No • Yes. Complete the following: Department of Revenue? See the instructions.							
Designee's Name		Phone N	Number				
•		•					
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return	is true, correc	t and complete.				
Your Signature			Date (MM/DD/YY)				
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)				
Paid Preparer's Name		Paid Pre	parer's Phone				
GLOBAL TAXES LLC		(678)	)965-9522				
Paid Preparer's Address	City	State	ZIP Code				
245 ROONEY CT	E BRUNSWICK	NJ	08816				

REV 01/22/24 PRO

#### File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.